



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

June 30, 2017

Public Health Preparedness and Situational Awareness Report: #2017:25 Reporting for the week ending 6/24/17 (MMWR Week #25)

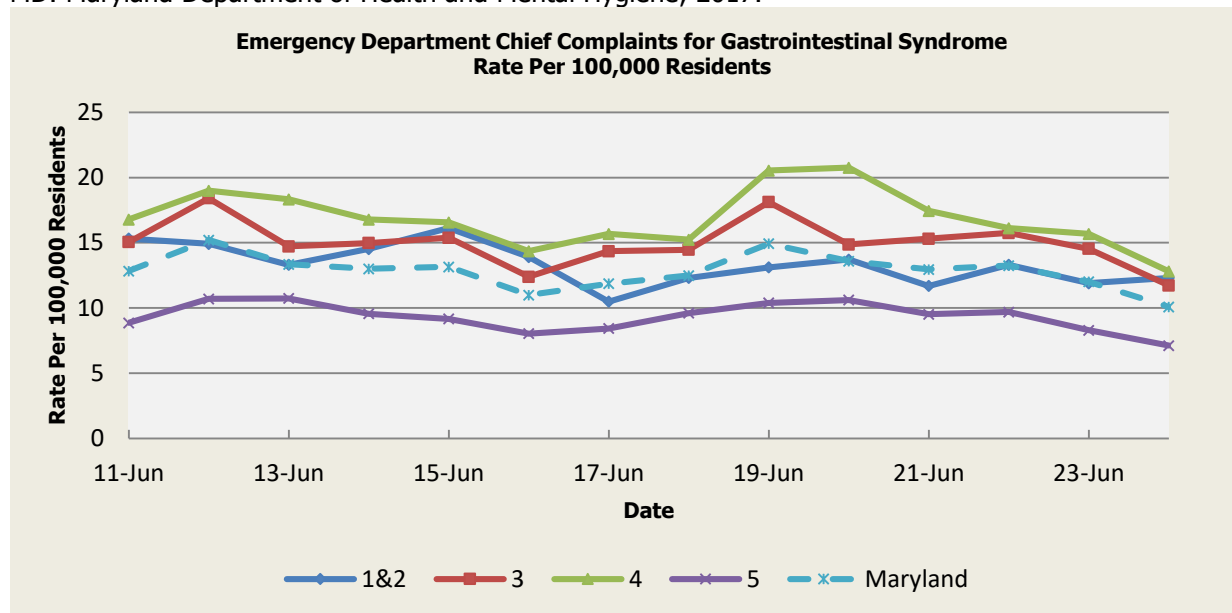
CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

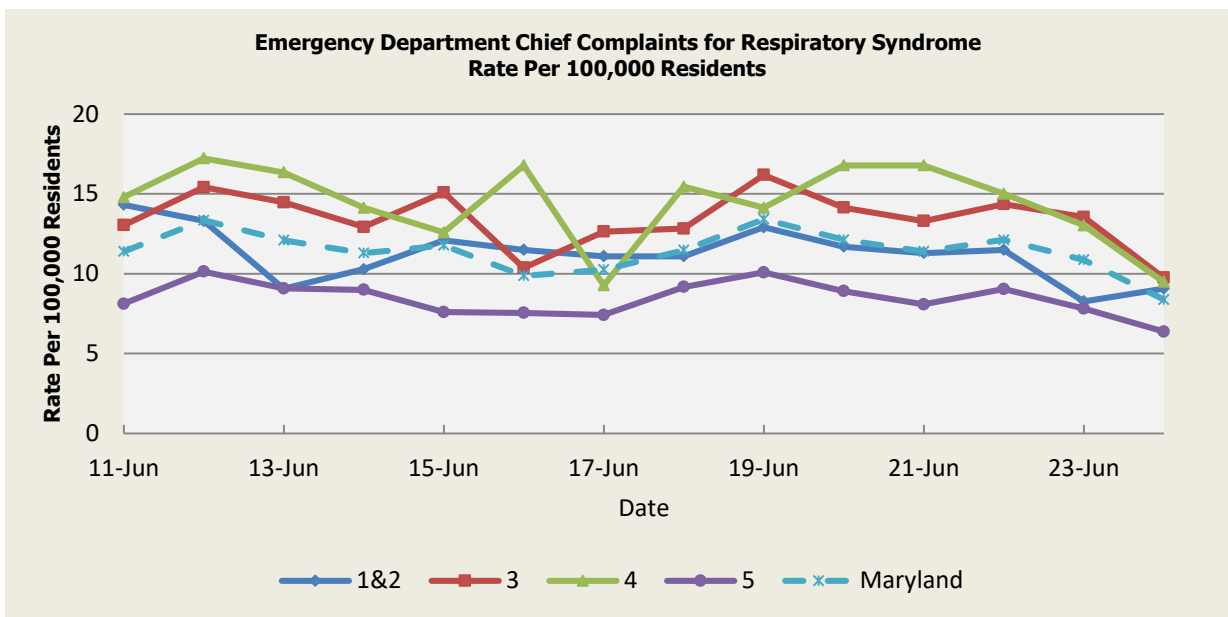
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017.



There were two (2) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis associated with a Private Home (Region 5), and one (1) outbreak of Scombroid Poisoning associated with a Private Home (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.65	14.80	15.12	10.09	12.84
Median Rate*	12.91	14.80	15.02	10.22	12.95

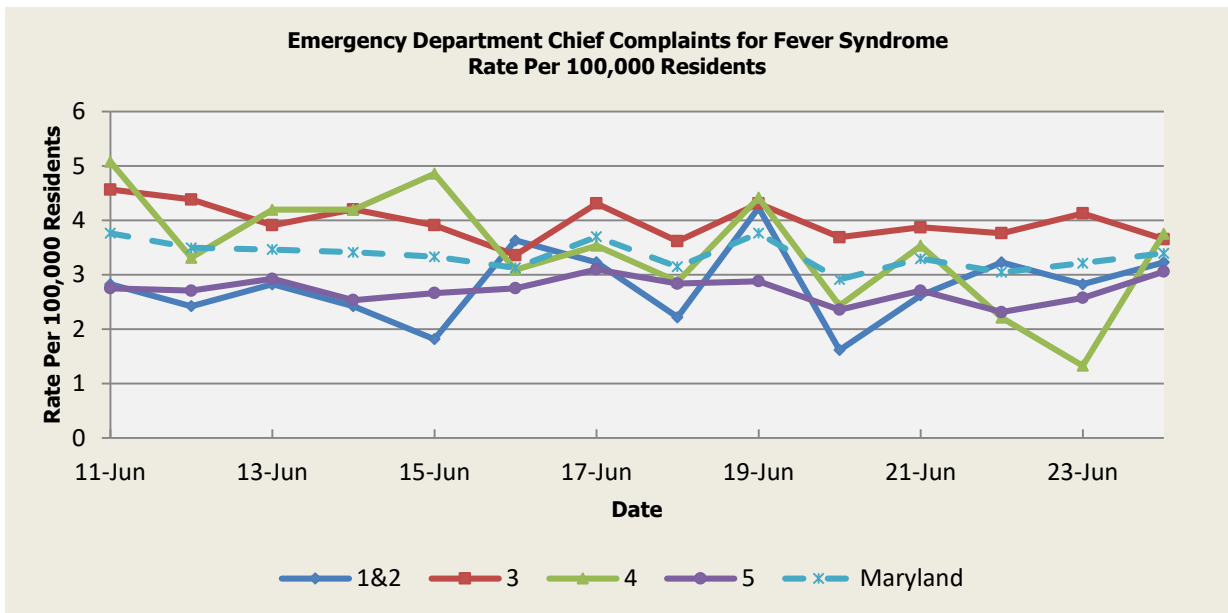
* Per 100,000 Residents



There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.80	14.16	14.05	9.76	12.27
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

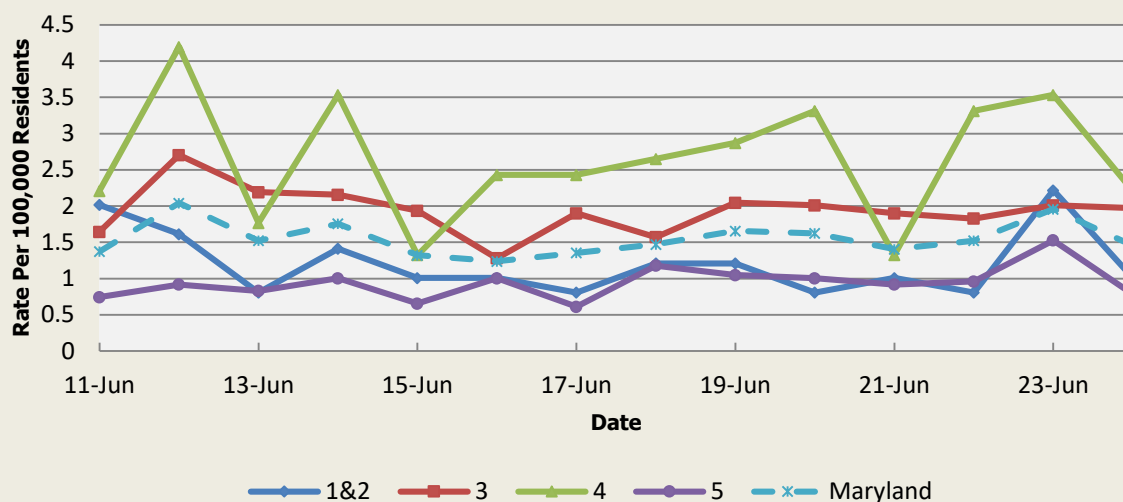


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.97	3.79	3.90	3.02	3.44
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



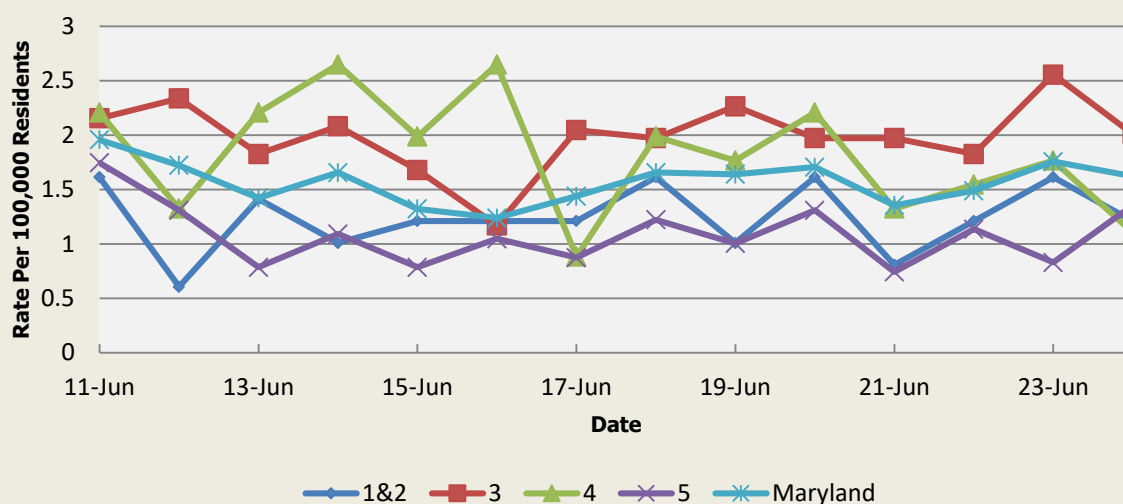
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.02	1.85	1.98	0.94	1.44
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents



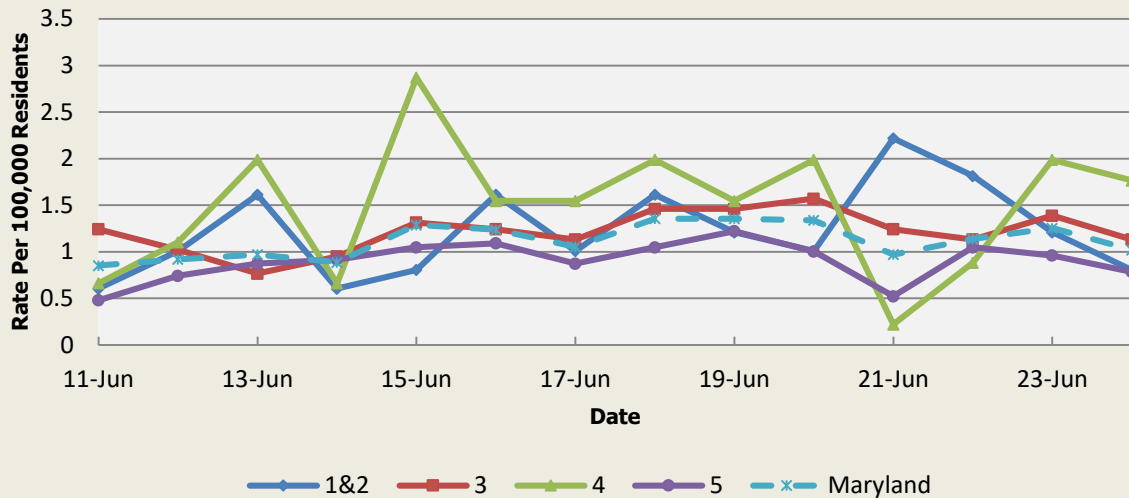
There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.72	1.73	1.01	1.40
Median Rate*	1.21	1.68	1.77	1.00	1.39

* Per 100,000 Residents

Emergency Department Chief Complaints for Neurological Syndrome Rate Per 100,000 Residents



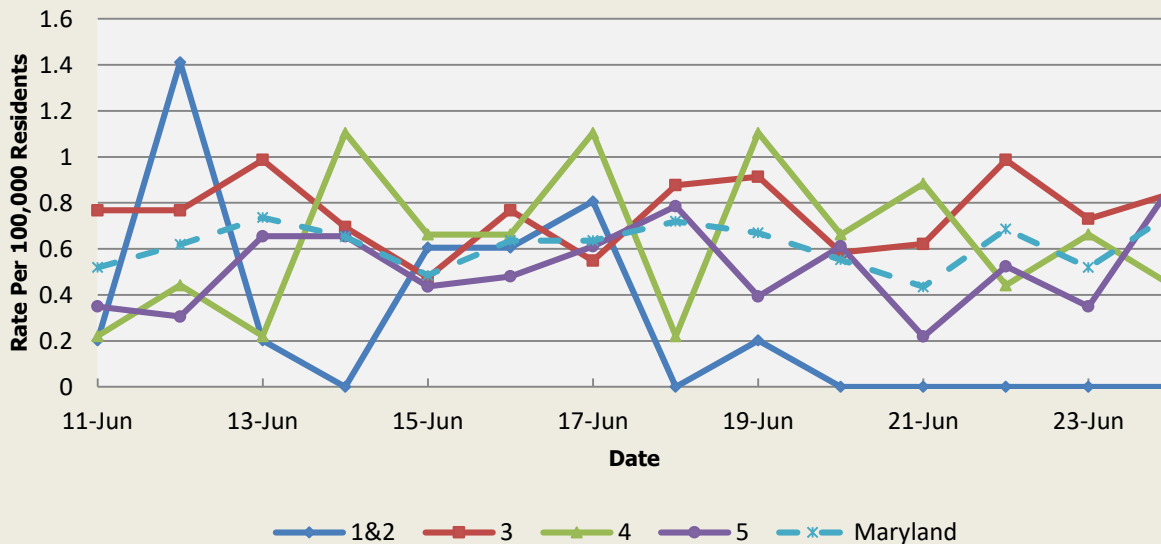
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.64	0.78	0.67	0.50	0.65
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents

Emergency Department Chief Complaints for Severe Illness or Death Syndrome Rate Per 100,000 Residents



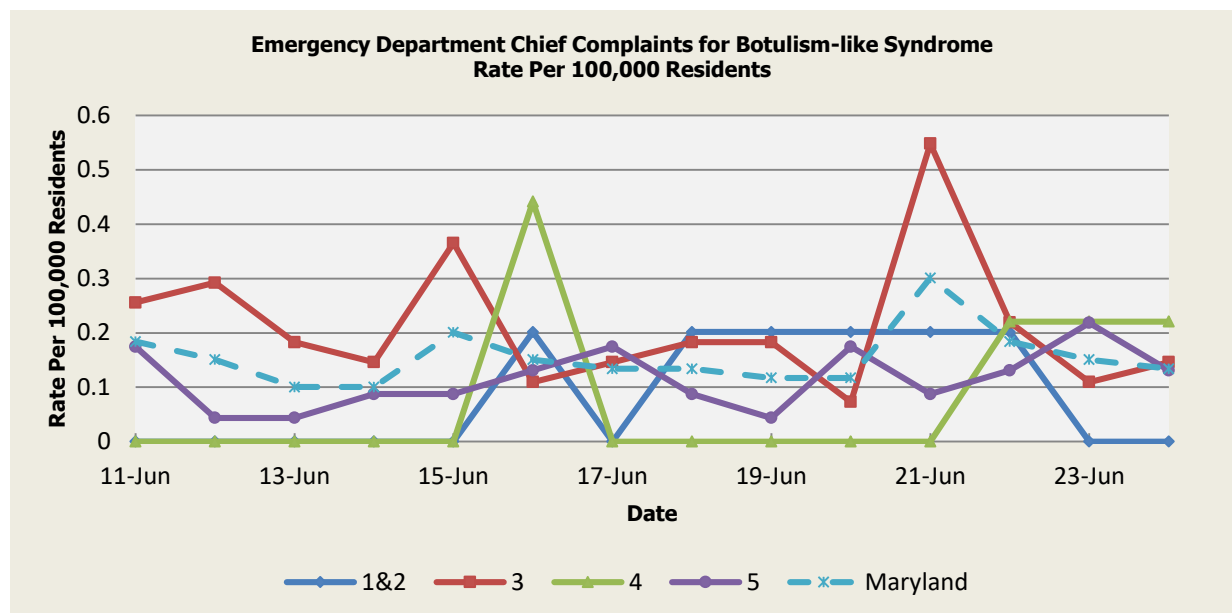
There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.90	0.79	0.45	0.70
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

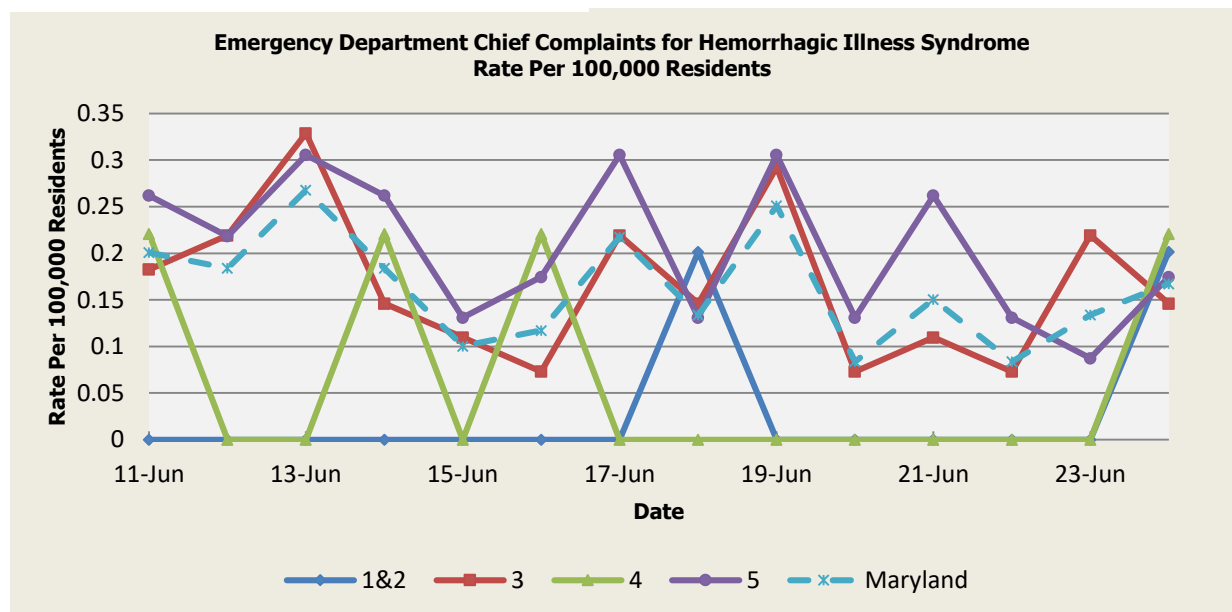
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 06/11 (Regions 3,5), 06/12 (Region 3), 06/13 (Region 3), 06/15 (Region 3), 06/16 (Regions 1&2,4,5), 06/17 (Region 5), 06/18 (Regions 1&2,3), 06/19 (Regions 1&2,3), 06/20 (Regions 1&2,5), 06/21 (Regions 1&2,3), 06/22 (Regions 1&2,3,4,5), 06/23 (Regions 4,5), 06/24 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

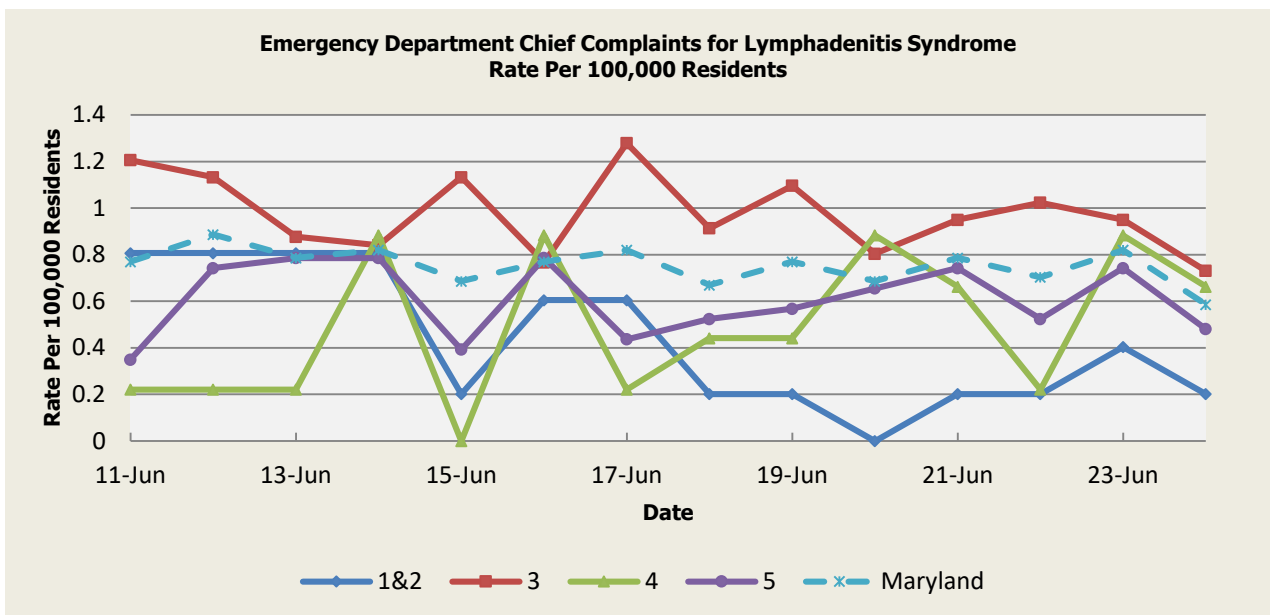
* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 06/11 (Regions 4,5), 06/12 (Region 5), 06/13 (Regions 3,5), 06/14 (Regions 4,5), 06/16 (Region 4), 06/17 (Region 5), 06/18 (Regions 1&2), 06/19 (Regions 3,5), 06/21 (Region 5), 06/24 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 06/11 (Regions 1&2,3), 06/12 (Regions 1&2,3,5), 06/13 (Regions 1&2,5), 06/14 (Regions 1&2,4), 06/15 (Region 3), 06/16 (Regions 1&2,4,5), 06/17 (Regions 1&2,3), 06/19 (Region 3), 06/20 (Regions 4,5), 06/21 (Region 5), 06/22 (Region 3), 06/23 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.30	0.51	0.34	0.31	0.41
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

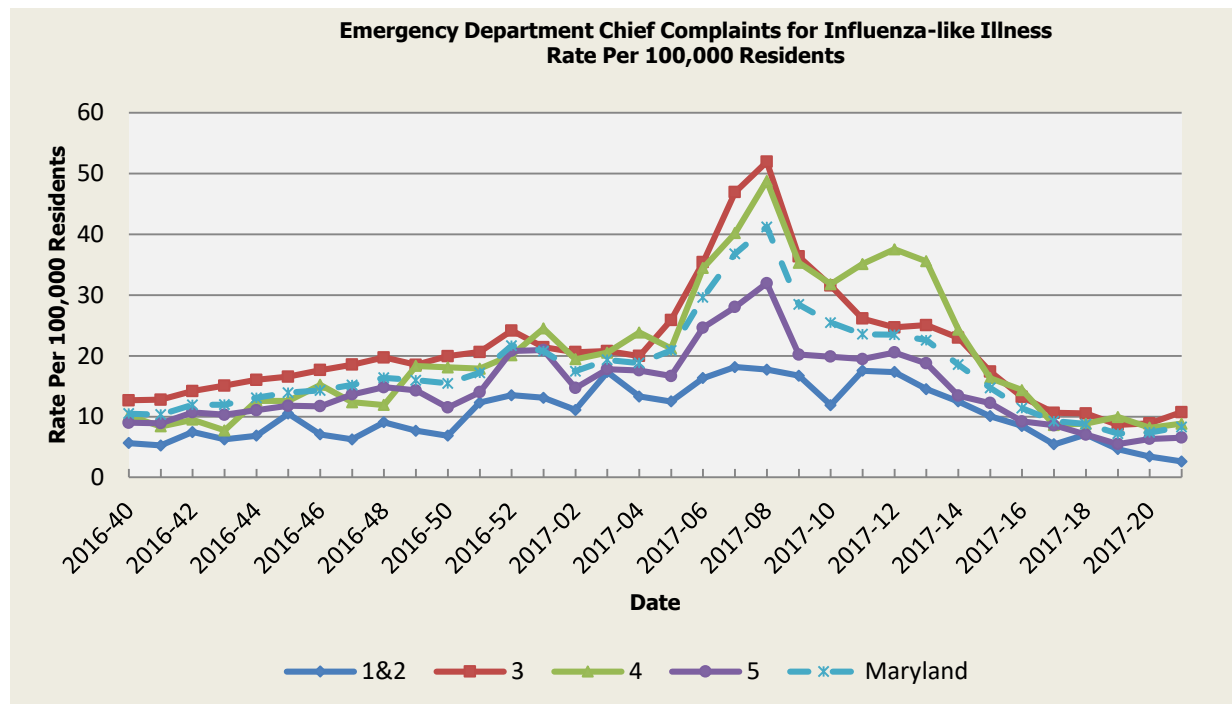
Condition	Counts of Reported Cases†					
	June			Cumulative (Year to Date)**		
	2017	Mean*	Median*	2017	Mean*	Median*
Vaccine-Preventable Diseases						
Aseptic meningitis	22	29	24	132	181	177
Meningococcal disease	1	0	0	4	3	2
Measles	0	0.6	1	3	3.8	3
Mumps	2	1.8	2	20	33	11
Rubella	0	0.8	1	1	3.4	3
Pertussis	10	21.6	18	106	146	143
Foodborne Diseases						
Salmonellosis	60	73.8	69	308	348.8	329
Shigellosis	19	17.2	18	110	96.2	117
Campylobacteriosis	61	72.2	71	332	331.6	334
Shiga toxin-producing Escherichia coli (STEC)	10	12.8	12	68	62.8	63
Listeriosis	1	1.2	1	11	5	5
Arboviral Diseases						
West Nile Fever	0	1.6	1	0	2.6	2
Lyme Disease	319	434.8	458	1322	1274	1179
Emerging Infectious Diseases						
Chikungunya	0	0.2	0	0	1.8	0
Dengue Fever	0	1.8	1	6	12	8
Zika Virus***	0	1.2	0	1	5.8	4
Other						
Legionellosis	11	20.4	16	94	73.2	75

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017. † Counts are subject to change *Timeframe of 2011-2017**Includes January through current month.

*** As of June 29, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 34.

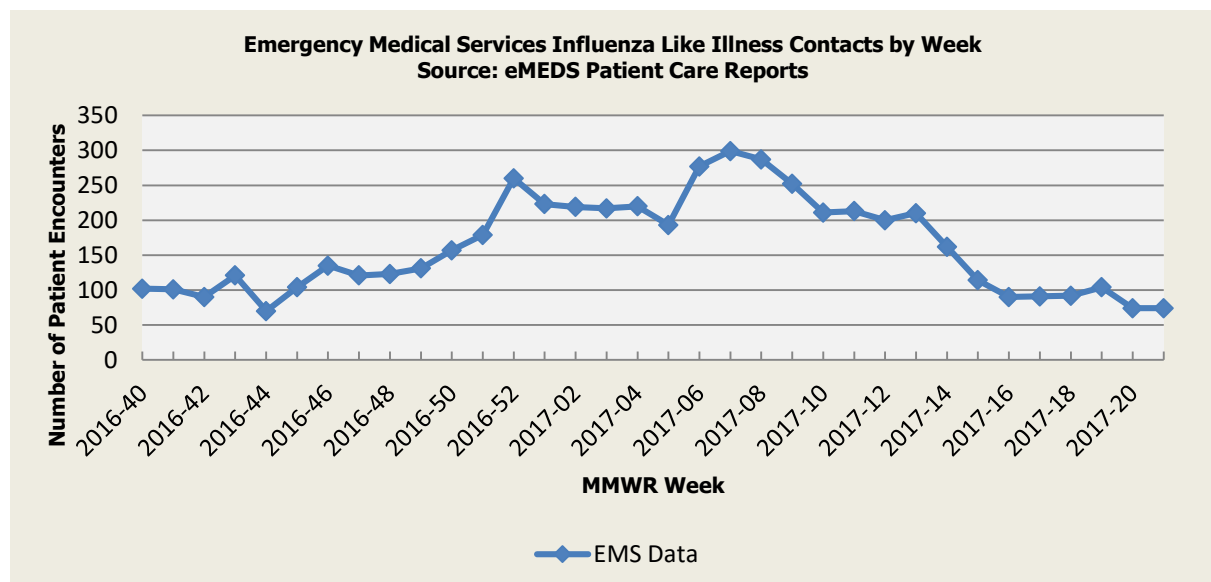
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



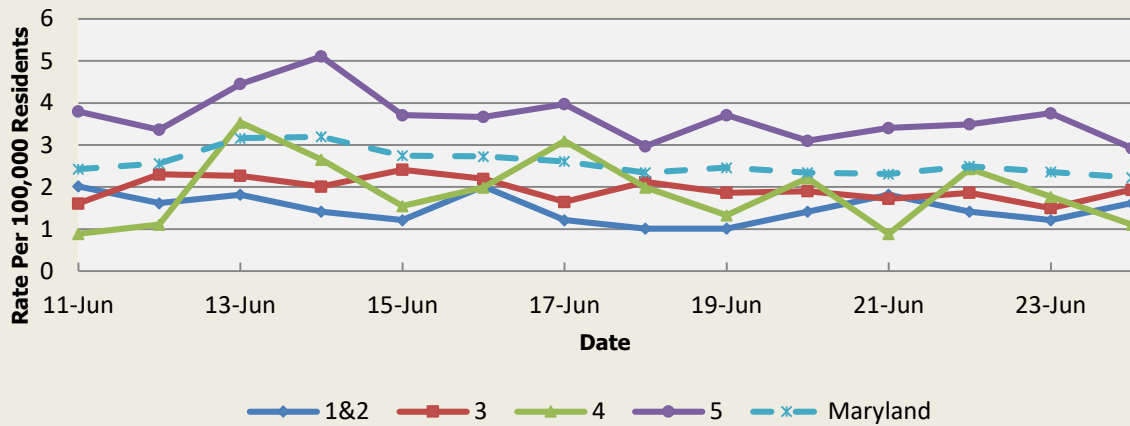
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	167.70	223.96	205.49	194.23	206.50
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

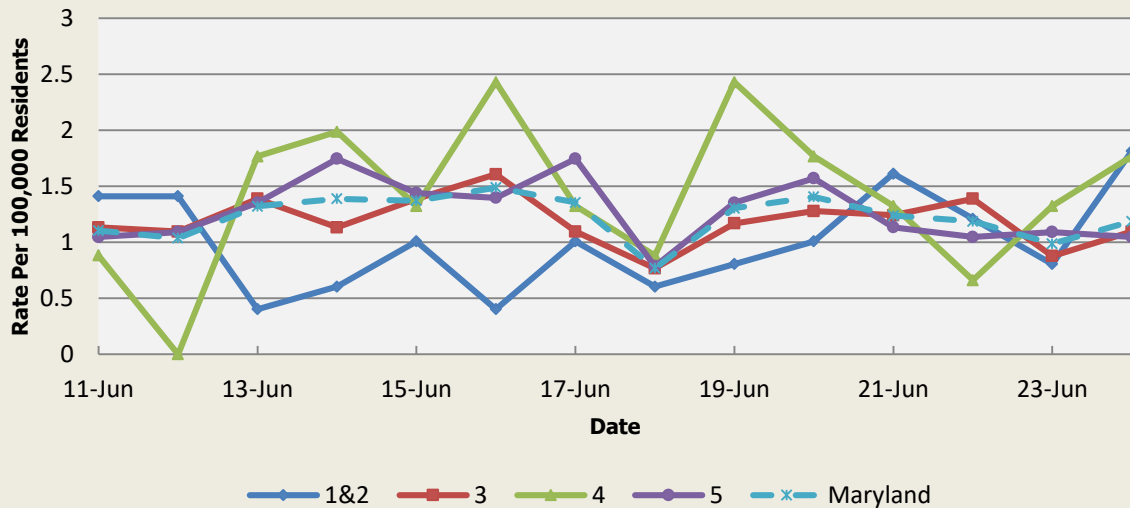


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.71	4.83	2.69	8.32	5.91
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



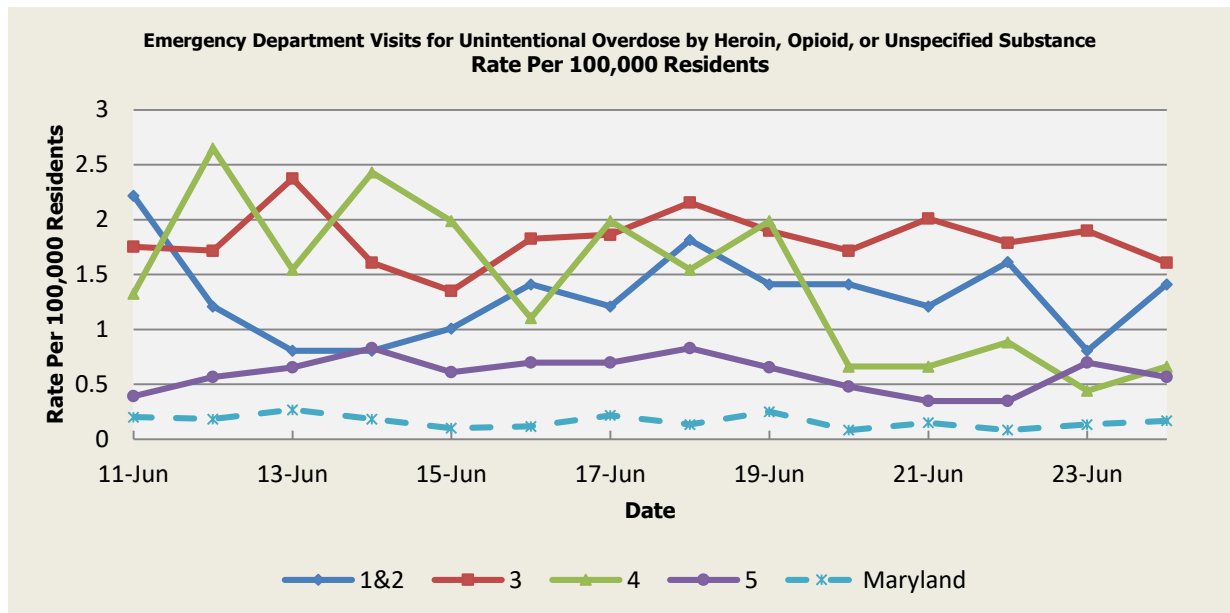
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.32	3.18	2.46	4.26	3.55
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

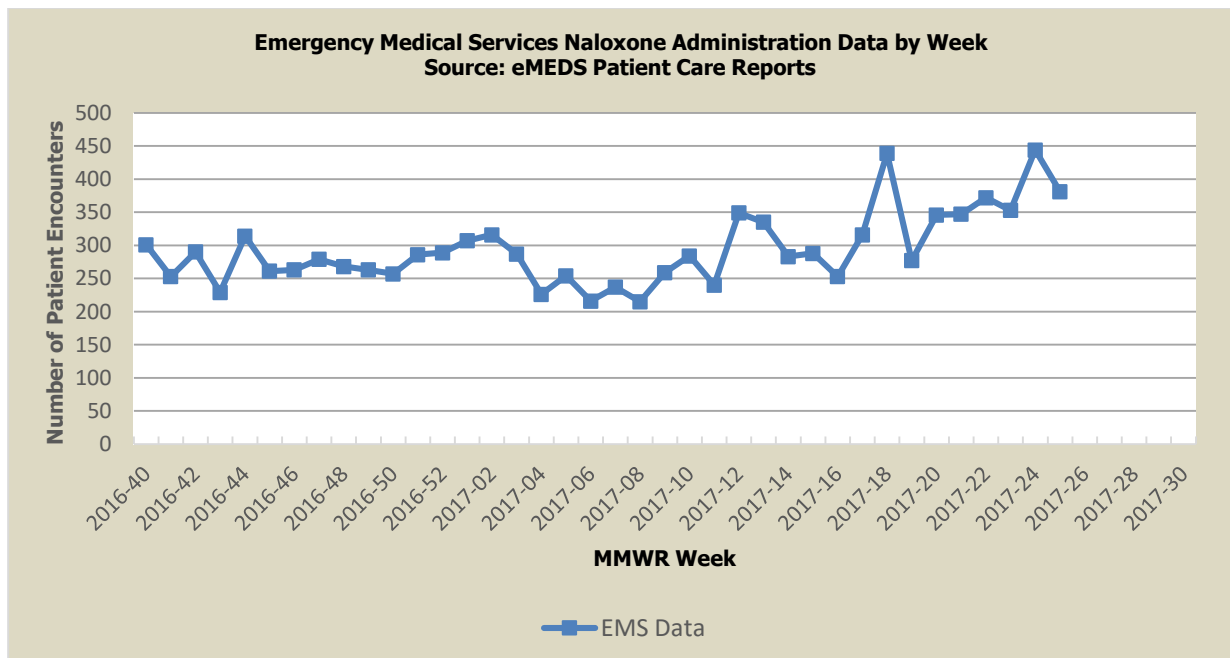
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



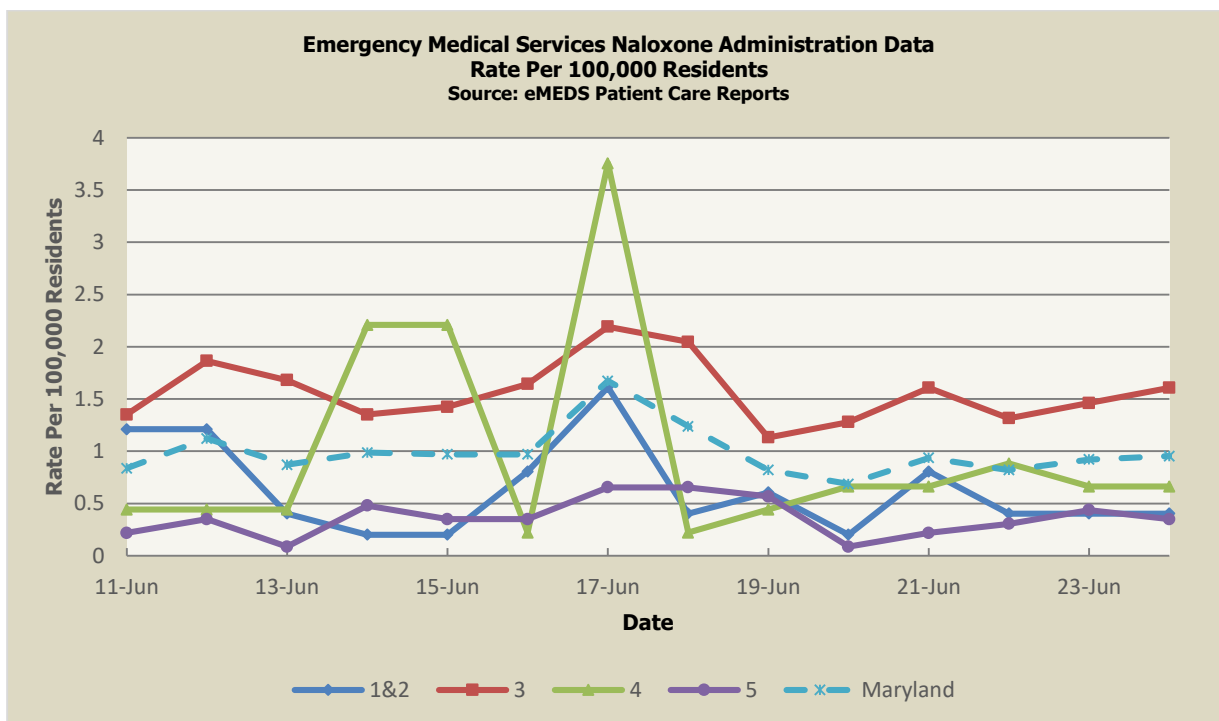
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.37	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	1.16	0.57	0.24	0.70
Median Rate*	0.20	1.13	0.44	0.22	0.67

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 15, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 859, of which 453 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA:

H5N1 AVIAN INFLUENZA (SOUTH KOREA), 24 July 2017, The government of Daegu City says a case of avian influenza (AI) detected has been confirmed as a highly pathogenic strain. The infected chicken was being kept in a makeshift pen in Dong District before being tested by the Animal and Plant Quarantine Agency. The city has culled 725 birds bred in 7 farms within the 3-kilometer radius from where the infected chicken was found. Read More: <https://www.promedmail.org/post/5127394>

HUMAN AVIAN INFLUENZA:

H7N9 AVIAN INFLUENZA (CHINA) 24 July 2017, According to the CDC of Panzhihua city, Panzhihua central hospital reported one suspected human H7N9 AIV case. After reconfirmation of provincial CDC lab, the patient was confirmed to be the 1st human H7N9 case in Panzhihua city. The 48-year-old male, surname Y, resident of Tianba village of Renhe town of Renhe district of Panzhihua city in Sichuan province, worked in the 1st agriculture market in Renhe district for live poultry trading and slaughtering business. He remained in Panzhihua central hospital for treatment and quarantine. Read More: <https://www.promedmail.org/post/5122881>

NATIONAL DISEASE REPORTS:

CLOSTRIDIUM PERFRINGENS FOODBORNE ILLNESS (COLORADO), 24 July 2017, Health officials say they're sure food from a specific vendor at the Rifle Rodeo in Garfield County, CO, caused an outbreak that sickened 40 percent of attendees, but they won't name the rodeo organizer or the food vendor, neither of whom obtained required permits and neither of whom will be fined. Even though the rodeo was at the county fairgrounds, public health was apparently not notified by staff there about the upcoming event with food vendors. Of the victims, about one-fourth were children younger than 18, a county spokeswoman said. Read More: <https://www.promedmail.org/post/5128761>

PLAGUE (NEW MEXICO), 26 June 2017, The New Mexico Department of Health (NMDOH) is reporting 2 recent confirmed plague cases in 52-year-old and 62-year-old females from Santa Fe County. With the addition of these cases, there have been 3 human plague cases from Santa Fe County in 2017. All 3 cases required hospitalization. There have been no deaths from plague in 2017. Read More: <https://www.promedmail.org/post/5132081>

SHIGELLOSIS (PENNSYLVANIA, CALIFORNIA, FLORIDA), 26 June 2017, A popular festival venue for Pagan events recently experienced an outbreak of suspected dysentery. Four Quarters Interfaith Sanctuary says it's working with the Pennsylvania Department of Health to investigate the

outbreak and is taking steps to ensure the safety of future events, such as the upcoming SpiralHeart WitchCamp. Read More: <https://www.promedmail.org/post/5127082>

PLAGUE (NEW MEXICO) 26 June 2017, The New Mexico Department of Health (NMDOH) is reporting 2 recent confirmed plague cases in 52-year-old and 62-year-old females from Santa Fe County. With the addition of these cases, there have been 3 human plague cases from Santa Fe County in 2017. All 3 cases required hospitalization. There have been no deaths from plague in 2017. Read More: <https://www.promedmail.org/post/5132081>

ROCKY MOUNTAIN SPOTTED FEVER (TENNESSEE, NEBRASKA, LOUISIANA) 29 June 2017, Health officials have warned about the threat of tick-borne illnesses after a 20-year-old from McMinnville died from a bite. She died after a 5-week battle with Rocky Mountain Spotted Fever. According to the Southern Standard, the disease was first diagnosed as the flu. Read More: <https://www.promedmail.org/post/5137067>

HEPATITIS A (CALIFORNIA) 29 June 2017, There is no sign San Diego County's hepatitis A outbreak is slowing down anytime soon. According to a new report by the San Diego County Health and Human Services Agency, there are now 196 confirmed cases of the viral disease, 142 hospitalizations and 4 deaths, making this the largest hepatitis A outbreak in California in more than 2 decades and the 3rd largest in the nation since the hepatitis A vaccine was introduced in the late 1990s. The overwhelming majority of the people affected are either homeless, drug users, or both. Read More: <https://www.promedmail.org/post/5139711>

HEPATITIS B AND C (VIRGINIA) 29 June 2017, Southwest Virginia health officials continue to see increases in hepatitis C linked to drug abuse in the region. That issue leaves community leaders looking at new options to combat the consequences of the epidemic. There continues to be growing concerns that the drug abuse problem in southwest Virginia opens the region up to blood-borne pathogens, like hepatitis B and C, as well as HIV. Read More: <https://www.promedmail.org/post/5140622>

INTERNATIONAL DISEASE REPORTS:

HEPATITIS E (NEPAL), 24 July 2017, A 28-year-old pregnant woman with hepatitis E virus (HEV), visited Sukraraj Tropical and Infectious Disease Hospital, for a follow up consultation. Her liver enzymes were remarkably elevated. She was diagnosed with HEV after her return from Dolkha district. It was not immediately known whether other people who joined the same ceremony became sick due to HEV. Read More: <https://www.promedmail.org/post/5128824>

JAPANESE ENCEPHALITIS (TAIWAN), 25 July 2017, A woman in New Taipei has been diagnosed with Japanese encephalitis, the 5th case of the mosquito-borne disease confirmed in Taiwan so far this year. According to CDC Deputy Director-General Chuang Jen-hsiang, the patient had never been vaccinated against Japanese encephalitis, and the source of the infection remained unknown. Read More: <https://www.promedmail.org/post/5129405>

LASSA FEVER (NIGERIA), 26 June 2017, A total of 10 suspected cases of Lassa fever with 4 Lab confirmed were reported from 8 LGAs (5 States) in week 22, 2017 compared with one suspected case from Karu LGA (Nasarawa State) at the same period in 2016. Read More: <https://www.promedmail.org/post/5130588>

DENGUE (AMERICAS, PACIFIC) 26 June 2017, Multiple cases of Dengue have been reported in Mexico, Panama, and the Dutch Caribbean. Read More: <https://www.promedmail.org/post/5131785>

ANTHRAX (INDIA), 26 June 2017, As the 5 male victims were reported from Agency area, doctors suspect it as anthrax, which is mostly affected to those people who eat animals even without cooking them and preserving them for days together. "We are yet to confirm with the disease, however we are treating them with antibiotics. There are more chances for anthrax in the Agency area where there are chances for patients to consume infected meat preserved for many days. Read More: <https://www.promedmail.org/post/5131786>

CHIKUNGUNYA (AMERICAS, ASIA), 26 June 2017, Cases confirmed in Mexico, Central American, South America, and India. Read More: <https://www.promedmail.org/post/5132080>

SALMONELLOSIS (CANADA), 27 June 2017, *Salmonella* is commonly found in raw chicken and frozen raw breaded chicken products. The risk to Canadians is low and illnesses can be avoided if safe food handling, preparation, and cooking practices are followed when preparing these types of food product. Currently, there are 7 cases of salmonellosis in 4 provinces: British Columbia (1), Alberta (4), Ontario (1), and New Brunswick (1). 2 people have been hospitalized. No deaths have been reported. Read More: <https://www.promedmail.org/post/5134014>

HEPATITIS E (NIGERIA), 28 June 2017, A Hepatitis E outbreak has been reported in the north-east Borno State, according to the Nigeria Federal Ministry of Health. As of 17 Jun 2017, a total of 53 suspected hepatitis E cases with no fatality have been reported from Damasak and Ngala Local Government Areas (LGA). At least 3 pregnant women were among these cases. Four out of 9 biological samples obtained from the initial cases tested positive for hepatitis E virus at a virology laboratory in Lagos, thus confirming the outbreak. Read More: <https://www.promedmail.org/post/5136977>

GASTROENTERITIS (BRAZIL), 29 June 2017, At least 150 people who participated in a luncheon party last [Sun 25 Jun 2017], in São João do Polêsine, a municipality in the central region of Quarta, ended up stopping at the hospital with symptoms of food infection. The lunch, served in the parish hall of the Church of St John the Baptist, was part of the commemorations in honor of St John, performed by the parish. According to Aldir Dias, clinical director of the São Roque Charity Hospital in Faxinal do Soturno, 70 people were seen at the site on [Mon 26 Jun 2017]. Another 80 received care at the Dr Roberto Binatto Health Center in São João do Polêsine. On [Tue 27 Jun 2017], 6 people were hospitalized in both hospitals as a result of complications in the clinical setting. Read More: <https://www.promedmail.org/post/5139735>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the DHMM website:
<http://phpa.dhmm.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.dhmm.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

